

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019353  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
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12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		/		/		
17		/		/		
18		X		X		
19		/		/		
20	/		/			
21		/		/		
22	/		/			
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25		/		/		
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27		/		/		
28		/		/		
29		/		/		
30		/		/		
31		X		X		
32		/		/		
33		/		/		
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35		/		/		
36		/		/		
37		/		/		
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41	/		/			
42		/		/		
43		/		/		
44		/		/		
45		/		/		
46	/		/			
47		X		X		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.	9					
TOTAL DEP.	10					
TOTAL CLAIMS	109					

  

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54	/		/			
55		/		/		
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS